

1133 U.S. PTO
01/24/02

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PTO/SB/50 (08-00)

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	Attorney Docket No.	CCK94028
	First Named Inventor	Douglas CARDY
	Original Patent Number	6,041,109
	Original Patent Issue Date (Month/Day/Year)	March 21, 2000
	Express Mail Label No.	

APPLICATION FOR REISSUE OF:
(check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ * Fee Transmittal Form (e.g., PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in a double column copy of patent format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath / Declaration (original or copy)
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
6. Original U.S. Patent currently assigned?
☒ Yes ☐ No

(If Yes, check applicable box(es))

☒ Written Consent of all Assignees (PTO/SB/53)

☒ 37 C.F.R. § 3.73(b) Statement
(PTO/SB/96)

☒ Power of
Attorney

ACCOMPANYING APPLICATION PARTS

7. ☒ Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).
8. ☒ Original U.S. Patent for surrender
☒ Ribbioned Original Patent Grant
☐ Statement of Loss (PTO/SB/55)
9. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
10. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
11. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
12. ☒ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
14. ☐ Other:

14. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label

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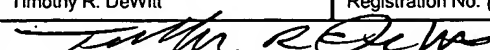
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or



Correspondence address below

Name	WorldCom, Inc.				
Address	Technology Law Department, 10th Floor 1133 19th Street NW				
City	Washington	State	DC	Zip Code	22306
Country	US	Telephone	202-736-6604	Fax	202-736-6382

NAME (Print/Type)	Timothy R. DeWitt	Registration No. (Attorney/Agent)	35,857
Signature		Date	1/24/02

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01/24/02

REISSUE APPLICATION FEE TRANSMITTAL FORMDocket Number (Optional)
CCK94028**Claims as Filed - Part 1**

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 8	Total Claims (37 CFR 1.16(j)) Independent Claims (37 CFR 1.16(i))	(B) 8	**** 0	X\$ = X\$ =		or	X\$ =
(C) 1		(D) 1	* 0				X\$ =
Basic Fee (37 CFR 1.16(h))						\$	\$ 740
Total Filing Fee						\$	OR \$ 740

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 46	MINUS	** 20	* =26	X\$ =	or	X\$18=	468
Independent Claims (37 CFR 1.16(i))	*** 9	MINUS	***** 1	=8	X\$ =		X\$84=	672
Total Additional Fee						\$	OR	\$1140

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancelation of claims

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Applicant claims small entity status. See 27 CFR 1.27.☐ Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 01-2510.
A duplicate copy of this sheet is enclosed.☒ A check in the amount of \$ 1880 to cover the filing / additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on form PTO-2038.**

January 24, 2002

Date

Signature of Applicant, Attorney or Agent of Record

Timothy R. DeWitt

Typed or printed name